

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	<i>93</i>	<i>52401</i>
RESPONSE FORMALITY REVIEW	<i>M.D.</i>	<i>05</i>	<i>09-20-01</i>
			<i>12-04-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6/2/01
2	✓	✓	12/13/01
3	✓	✓	6/22/01
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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901
09/20/01
551
12/10/01